

**Frequently Asked Questions:
Reporting Claims and Encounter Data Records using NPI**

Q: When will CDHS require the COHS to use the new S-35C file format?

A: CDHS has targeted December 2007 for all COHS to submit data in the new 35-file format, with parallel testing occurring during October 2007 and November 2007. Once the new file format is in use, any legacy numbers submitted in the S-35C file should be left-justified with trailing blanks.

Q: Can the COHS report NPI ID numbers after May 23, 2007 using the existing S-35B format (that is, between May 23, 2007 and implementation of the new S-35C in December 2007)?

A: Yes, to report NPI ID numbers using the existing S-35B file format, submit the main portion of the NPI (i.e., the first 9 digits, excluding the check digit) in the 9-digit Provider Number field.

Q: Why is CDHS requiring submission of S-35C test files as early as October 2007?

A: CDHS is requiring the COHS to submit test files two full months in advance of the implementation date of the S-35C in order to allow adequate time for testing. Although resolution of identified issues is oftentimes achieved with one resubmission, CDHS must allow sufficient time for several cycles of testing to ensure the completeness and accuracy of the file.

Q: Has the format for reporting encounter data changed for the GMC, Local Initiatives, and Commercial plans? Will there be a new field for reporting NPI IDs? If not, how should NPI ID numbers be reported?

A: The format for reporting encounter data has not changed, nor has a new field been added for reporting NPI numbers. The 10-digit NPI number should be reported, left-justified, in the 12-byte field for Provider ID.

Q: When will plans be required to only report NPI?

A: In concert with the CMS ruling, there will be a 12-month, penalty-free implementation period (until May 22, 2008) for covered entities that make reasonable and diligent efforts to become compliant and, in the case of health plans, to facilitate the compliance of their trading partners. As long as the health plan can demonstrate to CMS that it is actively engaging in outreach/testing efforts, the plan may continue processing payments to providers with legacy provider numbers. Accordingly, CDHS will accept non-NPI provider IDs until May 22, 2008.

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Q: How will NPI implementation impact the file layout for other data exchanges, i.e., files sent to the plans from CDHS?

A: Plans receive provider files, Medicare crossover claims, and Eligibility Verification Other Intermediary files [EVCOI] from CDHS. The revised record layouts for these data exchanges will be provided on the MMCD website as they become available.
